# St. Andrew Preschool Forms and Agreements

The following forms and documents will need to be turned in with your enrollment information.

## **For the Parent**

* [Diocese of Lansing Family-School Agreement](#_Diocese_of_Lansing)
* [St. Andrew Catholic School Family Covenant](#_Family_Covenant)
* [St. Andrew Catholic School Informed Consent](#_Informed_Consent_-)
* [St Andrew Preschool Notiﬁcation of Licensing Notebook](#_Licensing_Notebook_Notiﬁcation)

## **For the Child**

* [Child Information Record](https://www.michigan.gov/-/media/Project/Websites/lara/bchs/ocal/Folder1/lara_BCAL_3731_Child_Information_Record_062315.pdf?rev=86c0d868a08f4d849fe50dfc19900bff)
* [Health Appraisal](#_HEALTH_APPRAISAL) (ages 0-school age)
	+ Any documented allergies will require an “Allergy Health Care Plan” completed by your physician and signed by a parent.
	+ All children with documented asthma will require an “Asthma Health Care Plan” completed by your physician and signed by a parent.
* [Statement of Good Health](#_Statement_of_Good) (school age – 12 yrs)
* [Medication Permission and Instructions](https://www.michigan.gov/-/media/Project/Websites/mileap/Documents/Early-Childhood-Education/CCLB/Forms/CCL-1243_Web_Protected.doc?rev=7a25eee4fa3e4c4a894d8f5b9afecfe2) (Prescription and Non-Prescription)
* [Topical Non-Prescription Authorization Form](#_Topical_Non-Prescription_Authorizat)
* [Parent Provided Food Agreement](#_Parent_Provided_Food)
* [Advanced Enrollment Permission 33-36 month old](#_33-36_month-old_child) (2 yrs – 9 months)
* [Advanced Enrollment Permission 45-48 month old](#_45-48_month-old_child) (3 yrs – 9 months)
* [Advanced Enrollment Permission 57 month-old](#_57_month-old_child) (4 yrs – 9 months)
* [Developmental History Form](#_Preschool_Developmental_History)



# Diocese of Lansing Family Agreement

*The purpose of Catholic education is the formation of boys and girls who will be good citizens of this world — loving God and neighbor and enriching society with the leaven of the Gospel — and who will also be citizens of the world to come, thus fulﬁlling their destiny to become saints. This is all done in an environment of academic excellence, where students learn how to become intentional, missionary disciples of Jesus Christ, grow in virtue and holiness, share the Good News of Christ's love with others, and join in the Catholic Christian community of the school. This Family-School Agreement is intended to further these purposes. Catholic schools in the Diocese of Lansing are open to all students; however, we are not a private or alternative school system.*

When enrolling their child(ren) in a Catholic school in the Diocese of Lansing, be it parochial, diocesan, or independent, parent(s) or legal guardian(s) (hereafter, “parents”) are asked to sign the Family-School Agreement. In signing the Family-School Agreement, it is understood that:

* 1. All children are welcome in the Catholic schools in the Diocese of Lansing. As part of enrollment, parents must sign the Family-School Agreement.
	2. Our schools exist to pass on the Catholic faith in its fullness to students and to form disciples of Jesus Christ. Parents and schools are partners in this mission; parents are expected to cooperate fully in it and shall supervise their children in accordance with this agreement.
	3. As partners in this mission, students and their parents are all part of the school community. As such, students and their parents agree to live their lives in a way that supports, rather than opposes, the mission of the school.

# School-Family Agreement

**Diocese of Lansing & St. Andrew Catholic School**

As parents/guardians, we ask St. Andrew Catholic School to help us in educating and forming our child(ren). We understand and agree that our child(ren) will be taught the teachings of the Catholic Church in their fullness. Our intention is to respect and cooperate with school policies and with those providing a Catholic-based education to our child(ren) — the priests, principal, teachers, parishioners, and all school personnel. We pledge our full cooperation with the school to prepare our child(ren) to be disciple(s) of Jesus Christ. We will make every effort to supervise our child(ren)in accordance with this agreement.

**Name of Father/Legal Guardian Signature:**

**Name of Mother/Legal Guardian Signature:**

**Name(s) of Child(ren): Grade:**

St. Andrew Catholic School accepts your request and commitment for a Catholic education and formation for your child(ren). We acknowledge our obligation to assist you in your responsibility of educating your child(ren). We will make our best effort to form your child(ren) as disciple(s) of Jesus Christ, according to the teachings of the Catholic Church.

Principal’s Signature: Date:

# Family Covenant

The Diocese of Lansing Family-Agreement states, “Our schools exist to pass on the Catholic faith in its fullness to students and to form disciples of Jesus Christ. Parents and schools are partners in this mission. Parents are expected to cooperate fully in it and shall supervise their children in accordance with this agreement. “Striving to uphold this commitment, St. Andrew Catholic Parish and School administration, faculty, and staff commit themselves to:

* Undertake the sacred work of educating and forming disciples. School personnel will pray daily for students and parents and will hold themselves to high standards of excellence.
* Guide students toward reaching their full spiritual, academic, physical, social, and emotional potential. The school will nurture habits of prayer, study, organization, work, service, kindness, joy and virtue.
* Act as the protectors and advocates to ensure children the safety that they need to flourish and reach their God-given potential.
* Provide Mass during the school week, as well as opportunities for Reconciliation, Eucharistic Adoration, Stations of the Cross and Christian Service.
* Communicate effectively with parents regarding student progress and school initiatives and spiritual development.

**Parental Expectations**

Parents who enroll their child(ren) at St Andrew Catholic School are partners with the school in their children’s education. The school welcomes them as the primary teachers of their children and work with the school in providing pertinent information regarding their child’s needs and progress. Parents of children attending the school will sincerely strive to practice their faith and to be good witnesses to their children in these ways:

* Strive to live and grow in ways that are consistent with Catholic Christian moral values in all areas of life.
* Attend Mass with their children each week, either on a Saturday evening, or Sunday, observe Holy Days of Obligation, and receive the Sacraments of Eucharistic and Reconciliation on a regular basis. For non-Catholic families – to worship weekly in your faith tradition.
* Teach your children to see the world from a Christian perspective.
* Pray as a family so that your words and action are in sync with God.
* Generously share your time, talents, and treasures with St. Andrew Catholic School and Parish. Support our school by actively participating through the volunteering of services including fundraising needed for the support of our school.
* Promote growth in virtue, excellence, achievement, encouraging strong study habits and wise use of electronics.
* Maintain open and cordial communication with the principal and teachers following these steps:
* Speak with your child’s teacher first.
* Find all the facts on both sides.
* Focus on the current issue.
* Develop a plan of action with dated expectations and follow up.
* Share plan and steps taken with principal only when all other steps have been tried without success.
* Understand that discipline begins in the home and is continued at school. Parents who set limits, responsibilities, and duties, enforce respect and discipline appropriately will help their children follow the rules and expectations of St Andrew Catholic School to follow all school policies.

**Student Expectations**

* Work toward being a model Christian in all their school and community activities.
* Respect each person, follow all teacher and administrator directions, and respect the dignity of all students.
* Abide by all classroom and school rules and procedures.
* Be on time and ready to learn with sufficient sleep and nourishment.
* Appear neat, clean and in dress code.
* Achieve the best academic standards of which they are capable.
* Complete all assignments, test preparation and make-up work.
* Be respectful of school facilities and material items.
* Give their best effort every day and always conduct themselves in a responsible and polite manner.

Printed Parent/Guardian Name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Parent/Guardian Name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Informed Consent - St. Andrew Catholic School

**Child Name:**

**Access:** I will have access to the school without notice when my child is present. However, this access may not be used to supplement any visitation schedule or custody arrangement.

**Child Release**: For a child’s safety, St. Andrew Catholic School will release a child only to parent(s)/legal guardian(s) or to the third parties I authorized below. Parents/guardians are required to provide a current copy of any relevant Custody Order. Third party pick-up is subject to the following rules:

* At least two people other than the parents/guardians must be listed and designated as emergency contacts by checking the corresponding box below. Emergency contacts will be contacted if parents/guardians cannot be reached.
* If the person picking up is listed below, but does not pick up the child regularly, I will notify the school verbally, in advance. Verbal authorization is not permitted for any person not listed on this form.
* If the person picking up is NOT listed below, I must notify the school in writing, in advance.
* Photo identiﬁcation will be required if the third party does not pick up the child regularly or is unknown to the staff member releasing the child.

THE FOLLOWING PEOPLE (WHO ARE NOT PARENTS/GUARDIANS) ARE AUTHORIZED TO PICK UP MY CHILD.

**CONTACT #1**

NAME

ADDRESS

RELATIONSHIP TO CHILD

DAYTIME CELL PHONE E-MAIL

CONTACT IN THE EVENT OF AN EMERGENCY? YES NO

SECRET QUESTION AND ANSWER PLEASE ADVISE CONTACT OF THIS Q/A

**CONTACT #2**

NAME

ADDRESS

RELATIONSHIP TO CHILD

DAYTIME PHONE CELL PHONE E-MAIL

CONTACT IN THE EVENT OF AN EMERGENCY? YES NO

SECRET QUESTION AND ANSWER PLEASE ADVISE CONTACT OF THIS Q/A

**CONTACT #3**

NAME

ADDRESS

RELATIONSHIP TO CHILD

DAYTIME PHONE CELL PHONE E-MAIL

CONTACT IN THE EVENT OF AN EMERGENCY? YES NO

SECRET QUESTION AND ANSWER PLEASE ADVISE CONTACT OF THIS Q/A

St. Andrew Catholic School will not release a child to anyone who appears impaired. If an impaired person attempts to pick up your child, pick-up will be refused and we will attempt to contact the other parent/guardian or authorized persons. If alternative arrangements cannot be made, the local child protective services agency and/or the local police will be called, as required by state licensing.

Walk Permission Weather permitting, children may go on walks supervised by staff in the surrounding area. Infants and young toddlers are transported in a buggy or stroller. Children may be taken to the areas listed below, which are not part of our licensed premises.

Permission granted for my child to participate in walks through Torwood Subdivision?

 Yes No

**Field Trips**: Preschool (ages 4+) and school-age children may take ﬁeld trips on occasion. A separate Field Trip Permission Slip, describing the activity, will be sent home for signature.

**Photography & Video Permission:** St. Andrew Catholic School takes care that any use, display, or dissemination of photographs or videos of children is accomplished in a thoughtful and safe manner. St. Andrew Catholic School regularly takes photographs and videos of children enrolled. They may be shared with you and other families in a variety of ways: on the school website, via email, on a posting in the school, or in a parent newsletter. They may also be used to better communicate with families, to illustrate the daily curriculum, to chronicle a child’s development, or to document school activities. Additionally, they may be used for other preschool/school general business, and marketing purposes, including online. St. Andrew Catholic School retains all rights, title, and interest in these materials and may use and disseminate them in a variety of ways, in its sole judgment.

Permission is granted to St. Andrew Catholic School to take photographs and videos of my child and use these materials as described above. YES NO

**Child Illness** If my child becomes ill, I will be called. I may be required to pick up my child as soon as possible (within 90 minutes at most). A child must remain out of the center until he/she is symptom free for 24 hours, unless a doctor’s note is provided which states that the child is 1) not contagious; and 2) can participate in group care. The Parent Handbook contains St. Andrew Catholic School’s full Child Illness Policy, including protocols for contagious illnesses.

**Children’s Injuries** If my child sustains a minor injury during care, I will receive an Occurrence Report when I pick-up describing the incident. I will be contacted immediately if the injury produces any swelling, is on the face or head, or requires medical attention.

**Emergency Medical Care** If emergency medical attention is needed for my child, the school will attempt to contact me or the emergency contacts listed (if I cannot be reached). I authorize St. Andrew Catholic School to call an ambulance to transport my child for medical treatment to the closest hospital or medical facility, or to my preferred facility, if possible.

Staff is trained in pediatric ﬁrst aid and CPR and I authorize staff to administer the same. I understand staff are NOT trained medical professionals and are not authorized to provide any medical advice. My child’s health information may be viewed by staff, on a need-to-know basis, and state licensors for compliance.

CHILD’S HEALTH INSURANCE PROVIDER

NAME OF INSURED

POLICY NUMBER

# Licensing Notebook Notiﬁcation Form

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Human Services

All childcare centers must maintain a licensing notebook which includes all licensing inspection reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAP’s developed on and after May 27, 2010 until the license is closed.

St. Andrew Catholic Preschool maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.

The notebook will be available to parents for review during regular business hours.

Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Children and Adult Licensing website at:

[www.michigan.gov/michildcare](http://www.michigan.gov/michildcare.org)

I have read the above statement issued by St. Andrew Catholic Preschool.

 Yes No

Names of Child(ren) enrolled:

Parent Name

Parent Signature

Date:

# HEALTH APPRAISAL

Michigan Department of Health and Human Services

**Dear Parent or Guardian:** The following information is requested so that the school can work with the parent to meet the physical, intellectual, and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse, dentist, dental therapist, and dental hygienist.

(**BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION**).

|  |  |
| --- | --- |
| **PERSONAL** |  |
| Child's Name (Last, First, Middle) | Date of Birth (mm/dd/yy) |
| Address (Number, Street, City, Zip Code) | Today's Date (mm/dd/yy) |
| Parent/Guardian (Last, First, Middle) | Home/Cell Phone Number |
| Address (Number, Street, City, Zip Code) | Work Phone Number |

**SECTION I – HEALTH HISTORY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Yes** | **No** | **Resolved** | **#** | **Is your child having any of the problems listed below?** |  | **Birth History** |
|  |  |  | 1 | Allergies or Reactions(for example, food, medication or other) |  |
|  |  |  | 2 | Anaphylaxis |  |  |
|  |  |  | 3 | Does your child take any medication(s) regularly? | If yes, list medications |
|  |  |  | 4 | Hay Fever, Asthma, or Wheezing |  |
|  |  |  | 5 | Eczema or Frequent Skin Rashes |  |
|  |  |  | 6 | Convulsions/Seizures |  |
|  |  |  | 7 | Heart Trouble |  |
|  |  |  | 8 | Diabetes |  |
|  |  |  | 9 | Frequent Colds, Sore Throats, Earaches (4 or more per year) | Are there any current or past diagnosis(es) Yes No |
|  |  |  | 10 | Trouble with Passing Urine or Bowel Movements | If yes, please describe |
|  |  |  | 11 | Shortness of Breath |  |
|  |  |  | 12 | Speech Problems |  |
|  |  |  | 13 | Menstrual Problems |  |
|  |  |  | 14 | Dental ProblemsDate of Last Exam **OR**Date of Last Assessment |  |
| Other (please describe) |  |
|  |  |  |

|  |
| --- |
| **Reason for Medication** |
| **Concussion History** |
| Parent/Guardian Signature | Date | Was the health history reviewed by a health professional?Yes No **Examiner's Initials**  |

**SECTION II – PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS**

Required for Child Care and Head Start / Early Head Start

|  |
| --- |
| **Test and Measurements** |
| Yes | No | Was child tested for | Tests | and | results | Normal | Referred | Under care |
|  |  | Vision | Visual Acuity |  |  |  |
| Date  | Muscle Imbalance |  |  |  |
| Other |  |  |  |
|  |  | Hearing | Audiometer | (R= Right, L=Left) | R/L | R/L |  |
| Date  | OAE | (R= Right, L=Left) | R/L | R/L |  |
| Other | (R= Right, L=Left) | R/L | R/L |  |
|  |  | Urinalysis | Sugar |  |  |  |
| Albumin |  |  |  |
| Microscopic |  |  |  |
|  |  | Blood Lead Level | Level ug/dl |  |  |  |
| Date  |  |  |  |
| **Note:** All children in Medicaid need to be tested at 1 and 2 years of age, or once between 3 and 6 years of age if not previously tested. All children, regardless of Medicaid status, should be tested at those same ages if they live in an area where lead risk is high. |
|  |  | Height & Weight | Height |  |  |  |
|  | Weight |  |  |  |
| Other  | Other  |  |  |  |
|  |  | Hemoglobin/Hematocrit |  |  |  |  |
|  |  | Blood Pressure | Reading  |  |  |  |
| Complete pediatric tuberculosis risk assessment available at: <https://www.michigan.gov/documents/mdhhs/4._MI_Pediatric_TB_Risk_Assessment_661537_7.pdf> **OR** feel free to use the attached QR code instead of the full link text.Qr code  Description automatically generated |

**Examinations and/or Inspections**

|  |
| --- |
| Essential Findings Deviating from Normal |
| Exam Date  |

**SECTION III – IMMUNIZATIONS**

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied based on this information.**\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Vaccines (Circle Type)** | **Date Administered mm/dd/yy** | **Vaccines (Circle Type)** | **Date Administered mm/dd/yy** |
| Hepatitis B (HepB) | 1 | 3 | Hepatitis A (HepA) | 1 | 3 |
| 2 | 4 | 2 |
| DTaP/DTP/DT/Td | 1 | 4 | Influenza (IIV/LAIV) | 1 | 3 |
| 2 | 5 | 2 | 4 |
| 3 | 6 | Meningococcal MenACWY (MCV4) | 1 | 3 |
| 2 |
| Tdap | 1 |  | Meningococcal B (Bexsero, Trumenba) | 1 | 3 |
| 2 |
| *Hemophilus Influenzae*type b (HIB) | 1 | 3 | Human Papillomavirus (9vHPV, 4vHPV, 2vHPV) | 1 | 3 |
| 2 |
| 2 | 4 | Additional Vaccines Specify Date & Type | Type of Vaccine(s) | Date of Vaccine(s) |
| Polio (IPV/OPV) | 1 | 4 | 1 |  |
| 2 | 5 | 2 |  |
| 3 | 3 |  |
| Pneumococcal Conjugate (PCV7/PCV13) | 1 | 3 | Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable. |
| 2 | 4 |
| **\*Note:** According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious, and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms. |
| Rotavirus (RV1/RV5) | 1 | 3 |
| 2 |
| Measles, Mumps, Rubella (MMR/MMRV) | 1 | 3 |
| 2 |
| Varicella (Chickenpox), (Var, MMRV) | 1 | 2 |
| History of Chickenpox Disease? Yes No | Parent/Guardian refused recommended immunizations at visit: |
| If yes, date  |
| I certify that the immunization dates are true to the best of my knowledge |
| Health Professional's Signature | Title | Date |

**SECTION IV – RECOMMENDATIONS** (Required for Child Care and Head Start/Early Head Start)

|  |  |
| --- | --- |
| Yes | No |
| Is there any defect of vision, hearing, or other condition for which the school could help by seating or other actions? If yes, please explain:  |
| Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s):Classroom Playground GymnasiumSwimming Pool Competitive Sports Other |
| Other Recommendations |
|  |

**SECTION V – DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS (OPTIONAL)**

|  |  |  |  |
| --- | --- | --- | --- |
| Child's Name | Has received |  |  |
|  | Dental Exam Dental Assessment |
| Findings and Recommendation (Check all that apply) |
| No Urgent Needs | Routine Care Needed | Treated Decay |
| Restorative/Urgent Needs for Dental Care | Untreated Decay | Further Referral for Specialist |
| Signature | Date |
| Check One |  |  |  |
| Dentist | Dental Therapist | Dental Hygienist |

**PHYSICIAN'S SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| Examiner's Signature | Date | Examiner's Name (Print) | Degree or License |
| Number & Street | City | MI | Zip Code | Telephone Number |

Information required for:

**Early On** – Hearing and Vision Status; Diagnosis; Health status

**Child Care Licensing** – Physical Exam, Restrictions, Immunizations

**Head Start/Early Head Start** – Determination that child is up-to-date on a schedule of age-appropriate preventative and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-childcare visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person’s eligibility.

# Child Information Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s First Name                         Last Name                                      Primary Language

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address                                    City/Town                                                Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth                                                                               Date of Birth                         Male/Female

**Seeking Enrollment**  \_\_\_ PreK-3    \_\_\_ Prek-4  \_\_\_\_ Young 5/Transitional Kindergarten

**Preferred Schedule:**  Monday – Friday\_\_\_\_\_ Part-Time 8:30 – Noon  \_\_\_\_ Full 8:30-3:30

M W F (3’s only)  \_\_\_\_\_Part-Time 8:30 – Noon  \_\_\_\_ Full 8:30-3:30 pm

T R (3’s only)       \_\_\_\_\_Part-Time 8:30 – Noon  \_\_\_\_ Full 8:30-3:30 pm

T W R (3’s/4’s)     \_\_\_\_\_Part-Time 8:30 – Noon  \_\_\_\_ Full 8:30-3:30 pm

**Parent/Guardian #1**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address if different from child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian #2**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address if different from child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Work Information**

Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Eye color: \_\_\_\_\_\_\_ Hair Color: \_\_\_\_\_\_   Height:\_\_\_\_\_\_\_  Weight:\_\_\_\_\_\_\_\_ Race \_\_\_\_\_

Identified Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Please complete the attached allergy information form with Dr. Signature*

Identifying Marks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician or Clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Physical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergy Health Care Plan

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergen**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Treatment/Substitution**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of allergy transmission/trigger: Ingestion Contact Inhalation**

**Note: Do Not Depend on Antihistamines or Inhalers to treat a SEVERE reaction. USE EPINEPHRINE.**

**Extremely Reactive to Following Foods\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**therefore:**

 **If checked, give epinephrine for ANY symptoms if the allergen was likely eaten.**

 **If checked, give epinephrine immediately if the allergen was definitely eaten, even if no** **symptoms** **are noted.**

**For the following signs of a *mild* allergic reaction administer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Skin:** Hives: Mild Itch **Nose:** Itchy, Runny, Sneezing

 **Stomach:** Mild Nausea/Discomfort **Mouth:** Itchy

 **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For any of the following signs of a *SEVERE* allergic reaction or a combination of symptoms from different body areas, give EPINEPHRINE and CALL 911. If prescribed and directed, give other medications (antihistamine/inhaler). Lay person flat. *If breathing is difficult or vomiting, place on side or sit up.***

 **Mouth:** Significant swelling of tongue and/or lip **Heart:** Pale, blue, faint, weak pulse, dizzy

 **Throat**: Tight, hoarse, trouble breathing/swallowing **Lungs**: Short of Breath

 **Skin:** Many hives over body, widespread redness **Stomach**: Repetitive vomiting, severe diarrhea

 **Other:** Feeling something bad is about to happen; anxiety, confusion

**Other Medication Instructions**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Prescribed Medications/Dosage

**Epinephrine** (brand and dose): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Antihistamine** (brand and dose): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other** (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Potential Side Effects of Medication:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Potential Consequences to Child if Treatment Is Not Administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Training**

Staff may be trained by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following staff have been trained on the child’s medical condition:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Acknowledgement Statement**

To ensure the safety of your child we cannot delete any allergy which has previously been documented unless we have a signed note from the child’s physician stating that the child is no longer allergic to that item(s) and may now have that specific food(s); or be exposed to the item(s); nor can we add an item(s) or change a medication without a signed note from the child’s physician.

I understand the St. Andrew School requires the most up to date information regarding my child’s allergy. I also understand that for the safety of my child, my child’s photograph and allergy information will be posted in the classrooms and kitchen.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director Signature Date**

This plan must be updated annually or whenever there is any change in treatment or the child’s condition changes. For complete medication administration information, it may be necessary for the medical provider and parent/guardian to complete the Medication Authorization form.

# Asthma Health Care Plan

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following should be completed by the child’s health care provider**

**Severity: Mild Mild Persistent Moderate Persistent Severe Persistent**

**Check All Triggers**

 **Cleaning Products Exercise Pet Dander**

 **Colds/Flu Food Smoke**

 **Cut Flowers, Grass, Pollen Dust Mites Sudden Temperature Change**

 **Ozone Alert Odors/Fragrances**

 **Other:**

**Suggested classroom strategies to support this child’s needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Specific Medical Information:**

Medication to be administered:\* Yes No If yes, medication to be administered and potential side effects:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\**For complete medication administration information, it may be necessary for the medical provider and parent/guardian to complete the Medication Authorization form.*

Potential consequences to child if treatment is not administered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Training Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Emergency Procedures/Instructions (including when 911 should be called):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **GO (Green Zone)** |  |  |
| **If the child:*** Is breathing regularly
* Has no coughing or wheezing
* Can engage in active play
 | **What to do:*** Allow current activity
 | **Medication*** **“**As needed medication”, not needed
* Regular medication to be given as ordered
 |
| **CAUTION (Yellow Zone)** |  |  |
| **If the child has:*** Early signs of a cold (runny nose or sneezing)
* Exposure to known trigger
* Coughing
* Mild wheezing
* Chest tightness
 | **What to do:*** Cease current activity

 If child outdoors bring inside* Observe breathing before and after treatment (15 minutes)
 | **Medication:*** Administer the “As needed medication “per the

Medication Authorization Form and followdirections for use* Monitor breathing status if no improvement follow the steps for the **DANGER (Red Zone)**
 |
| **DANGER (Red Zone)** |  |  |
| **If the child’s asthma is worse and any of the following apply:*** Medications are not helping within 15-20 minutes of administration
* Breathing is becoming difficult and fast
* Nose (nostrils) open wide
* Ribs are showing
* Lips, fingernails or mouth area are blue or blue gray in color
* Trouble walking or talking
 | **What to do:*** Call 911
* Stay with the child – Stay calm
* Support staff to notify the parent/guardian
* Accompany child to ER
* Complete an Occurrence Report within 24 hours
 | **Medication:*** Available medication has already been given with no relief
* Notify EMS staff regarding the type of medication given and the time it was given
 |

**Staff Training**

Staff may be trained by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The following staff have been trained on the child’s medical condition:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Acknowledgement Statement**

To ensure the safety of your child we cannot delete any allergy which has previously been documented unless we have a signed note from the child’s physician stating that the child is no longer allergic to that item(s) and may now have that specific food(s); or be exposed to the item(s); nor can we add an item(s) or change a medication without a signed note from the child’s physician.

I understand the St. Andrew School requires the most up to date information regarding my child’s allergy. I also understand that for the safety of my child, my child’s photograph and allergy information will be posted in the classrooms and kitchen.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director Signature Date**

**This plan must be updated annually or whenever there is any change in treatment or the child’s condition changes.**

**For complete medication administration information, it may be necessary for the medical provider and parent/guardian to complete the Medication Authorization form.**

# Topical Non-Prescription Authorization Form

To be completed annually

**Includes but not limited to the following:** **You do NOT need to fill this out for:**

* Triple antibiotic cream
* Rubbing alcohol
* Hydrogen peroxide
* Diapering cream
* \*Essential Oils
* Hand Sanitizer
* Hand / Body Lotion
* Vaseline or Petroleum Jelly
* Lip Balm

**All topical non-prescriptions provided by a parent/guardian must be:**

* Clearly labeled with the child’s first and last name
* Within the expiration date
* Appropriate for the age of the child
* Free of any nut ingredient

\_\_\_\_\_\_\_ I authorize St. Andrew School/Preschool permission to apply the following to my child when outdoor conditions warrant and/or applied consistent with package instructions.

Type of Product:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_

Type of Product:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Brand:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_

Type of Product:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Aerosols, sprays, combined sunscreen/insect repellents are prohibited. Repellents must contain 30% or LESS of DEET. Oil of lemon, eucalyptus and para-menthane products may not be used on children under 36 months.

See Back for special instructions if needed.

Special Instructions in accordance with label.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Sunscreen, Insect Repellent – Permission

Sunscreen and insect repellent should be applied to a child at home and prior to sending it to St. Andrew Preschool/School to test for allergic reactions.

**Note**: aerosols, sprays and combined sunscreen/insect repellents are prohibited.

Sunscreen must provide UVB and UVA protection with an SPF of 15 or higher.

Insect Repellent may only be used if recommended by the Washtenaw County Health Department or requested by a parent or guardian. Repellent must contain a concentration of 30% DEET or LESS. Oil of lemon, eucalyptus and para-menthane products may not be used on children under 36 months.

**All sunscreen, insect repellent provided by a parent/guardian must be:**

* Clearly labeled with the child’s first and last name
* Within the expiration date
* Appropriate for the age of the child
* Free of any nut ingredient

**Please complete one of the following**

NO \_\_\_\_\_ I DO NOT consent to St. Andrew School/Preschool to administer the following to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 \_\_\_\_ Sunscreen \_\_\_\_ Insect Repellent

YES \_\_\_\_\_ I give authorization to St. Andrew School/Preschool permission to apply the following when outdoor conditions warrant and consistent with package instructions to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_ Sunscreen (Name Brand)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Insect Repellent (Name Brand)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From this date \_\_\_/\_\_\_/\_\_\_\_ to \_\_\_/ \_\_\_/ \_\_\_\_ (not to exceed one year)

 **See reverse for special instructions.**

Sunscreen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insect Repellent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Statement of Good Health

# School-Age Children

I, parent / Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

attest that my child is of good health and without any restrictions to participate in the program activities at St. Andrew School.

All immunizations (or waivers) are up to date and kept on file at St. Andrew Catholic School.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Statement of Good Health – Sp 2023

# Parent Provided Food Agreement

Parents who would like to opt out of school provided snacks –provide your own snack for your child- please check the snack section below.

Parents are required to provide a healthy lunch for each FULL day child under our care.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/legal guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to provide my child with an adequate supply of:

\_\_\_\_\_ Healthy Morning Snack (parent provided only)

\_\_\_\_\_ Healthy Lunch

\_\_\_\_\_ Healthy Afternoon Snack (parent provided only)

\_\_\_\_\_\_\_I agree to refrain from providing my child with candy, soda, donuts, cakes, and nuts each day they are in our care.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

Parent Provided Food Agreement

Summer 2023

# Preschool Developmental History Form

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Enrollment/Transition\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

Date of Last Physical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you like us to call your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What languages are spoken at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY INFORMATION**

In the columns below list the names of family members residing with the child. Please include siblings, extended relatives, and pets. For each person listed provide the name the child uses to address that individual and include the ages of siblings.

|  |  |  |
| --- | --- | --- |
|  Name | How child addresses this individual? |  Age |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If parental custody is shared, describe the custody arrangements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tell us about cultural family customs, rituals, or traditions that will help us make your child’s experience more meaningful, including languages spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEVELOPMENTAL HISTORY**

What languages does your child speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have developmental concerns about your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your child have any speech difficulties? Yes No

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How does your child communicate his/hers needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CHILD’S HEALTH**

List medications regularly taken and conditions requiring them: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe serious illnesses and hospitalizations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe special physical conditions, disabilities, allergies, or concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your child have a special need? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Explain special services and accommodations, if applicable? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NUTRITION PRACTICES AND ROUTINES**

Does your child have any eating difficulties? Yes No If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List food allergies and food restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Child eats with: Spoon Fork Fingers Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SLEEPING ROUTINES**

Does your child become tired or nap during the day? Yes No If yes, what time and for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Pre-nap routines/rituals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Special sleeping concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TOILETING ROUTINES**

Is your child reluctant to use the bathroom? Yes No If yes, how do you handle this?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is your child toilet trained? Yes No Urination Bowels Both If no, does child wear diapers? Yes No

Does your child have accidents? Yes No If yes, how often/when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is used at home for toileting? Potty chair Special seat Regular seat Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How can we support toilet learning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Words used for urination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Words used for bowel movement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are bowel movements regular? Yes No How often/when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a problem with: Diarrhea Constipation Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMFORTING CHILD**

Describe how adults can comfort your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Security object (if any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name child uses for object/when needed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SOCIAL RELATIONSHIPS**

Has your child had any experience with group care? Yes No If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your child’s temperment: Determined Outgoing Shy Relaxed

 Assertive

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How does your child react to new situations and new children and adults?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your child prefer to play: Alone In small groups Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has your child had previous child care experience? Yes No If yes, explain how it met, or did not meet, your expectations?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Child’s favorite toys and activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your child have any fears? Yes No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ADDITIONAL PERTINENT INFORMATION**

To help us care for your child as an individual, please explain your parenting philosophy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is there additional information you feel is important for the staff to know about your child or family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What do you as a family, hope to get out of this child care experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Sections of this Personal Care Plan will be updated annually or sooner if requested by a parent or guardian.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| Date of Change: |  | Parent Initials: |  | Staff Initials: |  |
| Date of Change: |  | Parent Initials: |  | Staff Initials: |  |
| Date of Change: |  | Parent Initials: |  | Staff Initials: |  |
| Date of Change |  | Parent Initials: |  | Staff Initials: |  |

# Advanced Enrollment Permission

# Parent Agreement

# 33-36 month-old child

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/legal guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize my son/daughter to be enrolled in a 3-year-old classroom when developmentally appropriate. I understand I will be notified by the Preschool Director when the transition will take place.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

Office Use:

Date of transition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advance\_Enrollment\_33-36\_months

# Advanced Enrollment Permission

# Parent Agreement

# 45-48 month-old child – school-ager

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/legal guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize my son/daughter to be enrolled in a school-age classroom when developmentally appropriate. I understand I will be notified by the Preschool Director when the transition will take place.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

Office Use:

Date of transition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advance\_Enrollment\_45-48\_months

# Advanced Enrollment Permission

# Parent Agreement

# 57 month-old child – school-ager

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parent/legal guardian of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize my son/daughter to be enrolled in a school-age classroom when developmentally appropriate. I understand I will be notified by the Preschool Director when the transition will take place.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

Office Use:

Date of transition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advance\_Enrollment\_57\_months